

OFFICE OF THE CLERK  
UNITED STATES DISTRICT COURT  
644 N. KING STREET, LOCKBOX 18  
WILMINGTON, DELAWARE 19801-3520

PERMIT NO. 6104  
POSTAGE AND FEES PAID



049J82023030

\$01.82<sup>00</sup>

09/12/2007

Mailed From 19801  
US POSTAGE

06 797

A ☐ INSUFFICIENT ADDRESS ☐ OTHER  
C ☒ ATTEMPTED NOT KNOWN  
S ☐ NO SUCH NUMBER/STREET  
☐ NOT DELIVERABLE AS ADDRESSED  
☐ UNABLE TO FORWARD

**RTS**  
RETURN TO SENDER




Raymond Bruton  
38 Todd's Lane  
Wilmington, DE 19802

RETURN TO SENDER

US MAIL  
XRAY

\*U.S. GPO: 2005-313-659/90103

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS
<b>SERVE</b>  <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time
	am
	pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: